WSDOT WAQTC TRANSPORTATION TESTING TECHNICIAN QUALIFICATION PROGRAM

REGISTRATION FORM FOR NON-WSDOT EMPLOYEES

Name:		Personal Address:	
Phone #:			
Email Address:			
Employer:		Technical Director:	
WAQTC Certified: Yes ☐ No ☐		WAQTC ID#:	

Desired Certification / Method Qualification
(select one qualification per form submitted)

Original: ☐   Renewal: ☐

☐ Aggregate Testing Technician (AgTT)	☐ Asphalt Testing Technician II (AsTT-II)
☐ Concrete Testing Technician (CTT) / ACI	☐ Sampling Technician (ST)
☐ In-Place Density Testing Technician (DTT)	☐ Embankment and Base Testing Technician (EBTT)
☐ Embankment and Base / In-Place Density Testing Technician (EBTT/DTT)	
☐ Method Qualified Testing Technician (MQTT) / Identify Test Method: _____	

Testing Technicians seeking Certification/Qualification in one of the designated specialties should consult WSDOT's Registration, Policies & Information Handbook (RP&IH) for Certification/Qualification criteria, prerequisites, other policies and requirements, and general information.

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Please do not write below this line. For Administration use only.

Written Examination Date:		Administrator:	
Pass ☐ Fail ☐		WAQTC ID#:	
Performance Examination Date:		Examiner:	
Pass ☐ Fail ☐		WAQTC ID#:	

Signature of WQC Chair or Designee:		WAQTC ID#:	
		Date:	